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ABSTRACT

Discrimination and reflection of incongruent communication are important therapist skills. Clinical and counseling graduate students (N=32) with different levels of graduate practica training were studied to assess the effects of level of experience on the ability of therapists and counselors to discriminate and accurately reflect incongruent communication. The effects of level of affective sensitivity were also examined. Subjects observed video-taped stimuli developed to reflect three levels and two types of incongruence, rated the level of incongruence expressed in each stimulus, and wrote their observations about the communication. Responses were rated for accuracy of reflection of content, affect, and total communication. The "experienced" trainees scored significantly higher than the "inexperienced" trainees on the Affective Sensitivity Scale. "Experienced" trainees discriminated the levels and types of incongruence differently from "inexperienced" trainees, but were no more accurate in reflections of the communication. High affectively sensitive trainees discriminated the incongruencies differently from low affectively sensitive trainees, but were no more accurate in reflections of the communication. Uniformly low scores on the reflection scales suggest that reflection of communication is not a well-developed skill among trainees. (Author/NRB)

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Is What You Hear Really What Is Being Said?

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Is What You Hear Really What's Being Said?

It's not always what people say but also the way they say it which conveys the full meaning of their communication. Particularly in psychotherapy, our own experiences and the anecdotal reports of others suggest that often clients appear unaware of the contradictions between the content and the affective messages of their communication. The mother smiles at her son during the family therapy session while verbally attacking him for being expelled from school, and then appears perplexed when the therapist notes the incongruence. Therapists necessarily need to be cognizant of the total communication being expressed.

Communication, the vehicle by which individuals relate to one another, is an integral part of all psychotherapies. The perception, reflection, interpretation, and changing of human communicative behavior has received particular attention in the literature due to the work of the communication and systems theorists, but its importance is by no means limited to one school of thought. In his comparative study of psychotherapies, Frank (1974) lists four variables common to all psychological orientations. These variables depend on communication, both verbal and nonverbal, as the means by which the unique therapeutic relationship is developed and as the means through which other therapeutic

factors are expressed. Thus, it appears that, along with the four factors Frank delineated, attention to the type and style of communication is an underlying factor in all theoretical orientations.

The rationale for attending to the process of communication and the extent to which communicative behavior itself is focused on in therapy differs among orientations. Communication is viewed by cognitive theorists and communication and systems theorists as a direct etiological and maintenance factor in psychopathology (Bateson, Jackson, Haley, & Weakland, 1956; Beck, 1976; Haley, 1963, 1976; Jackson, 1959; Scheflen, 1978). Behavioral and social learning theorists tend to view communication as a behavior that can be shaped and modified, and will focus on training appropriate communication skills if there appears to be a deficit in the individual's repertoire (Rimm & Masters, 1974). Psychoanalysts describe the importance of attending to communication in order for the therapist to discover the manifest and latent content of the patient's messages and subsequently make interpretations to their patients about the meaning of their behavior (Langs, 1973). Humanistic theorists are primarily interested in the communication that occurs in psychotherapy from the perspective of how the therapist expresses other non-specific therapeutic factors (warmth, empathy, and genuineness) deemed necessary and sufficient factors of change (Rogers & Truax, 1967;

Truax & Carkhuff, 1967). Therefore, while differences exist among the major orientations in terms of the role of communication in psychotherapy, all of the orientations necessarily regard possessing an awareness of the communication process as important.

The role of incongruent communication particularly appears to have significance as it has been specifically implicated as an etiological and maintenance factor in psychopathology (Bateson et al., 1956; Haley, 1963, 1976; Jackson, 1959; Jackson & Weakland, 1961; Scheflen, 1978; Watzlawick, Weakland, & Fisch, 1974; Weakland, 1978; Weblin, 1962). Human communication involves complex behavior at a variety of levels simultaneously. Communication may be analyzed in terms of language (content) messages and paralanguage (affective) messages (Bandler & Grinder, 1975; Bandler, Grinder, & Satir; 1976; Knapp, 1972). Language (content) messages involve <u>what</u> is said in terms of words and syntax. Paralanguage (affective) messages involve <u>how</u> something is said in terms of voice quality and characteristics, vocal qualifiers, and kinesics (Key, 1965). Language and paralanguage messages may either be consistent and affirm or complement each other, or may be inconsistent and qualify or deny each other (Haley, 1963; Knapp, 1972). The former results in congruent communication while the latter results in incongruent communication.

It is clear that accurate discrimination of communication (particularly incongruent communication) is an essential ingredient in all psychotherapies. Orientations differ in why they believe it is important and how communication is to be dealt with in therapy. How therapists are to attain these skills appears unclear (are these skills even trainable?). Given the commonality among orientations, it would seem that the issue of training therapists to accurately discriminate and reflect communication would be extremely salient. However, research in the area of how therapists discriminate communication of their clients and what factors might contribute to a more accurate reflection is quite limited.

More than any other orientation, the person-centered approach has addressed the issue of training psychotherapists. Specifically, they have theorized about what therapeutic factors can and should be trained in psychotherapists, and which format is the most effective for training these factors (Truax & Carkhuff, 1967). Generally, it appears that training programs which directly focus on improving the trainee's clinical skills tend to deal with the expression of genuineness, warmth, the trainee's interviewing skills, and particularly the expression of accurate empathy (Truax & Carkhuff, 1967; Egan, 1975; Lewis, 1978).

While it appears that accurate empathy is highly related to the ability to perceive communication accurately, it has not been demonstrated empirically that empathic individuals

are indeed more perceptive at noting congruencies and incongruencies than less empathic individuals. Similarly, it has not been demonstrated empirically that the level of graduate practica training is a significant factor in the ability to discriminate communication. This has saliency as a training issue: Are therapists with more graduate practica experience, regardless of the specific nature of the training, significantly better at discriminating and accurately reflecting communication than inexperienced trainees?

The communication literature suggest that certain modes of communication (video) have primacy over other modes under certain conditions (discrepancy but not deception) for certain populations (adults). Subjects in these studies have primarily been undergraduate students. The stimuli used in the studies, ranging from static photographs to two-second video-taped scenes, appear to have limited clinical significance. Studies have not been reported that assess if and how clinical and counseling trainees with different levels of experience decode consistent and inconsistent communication.

The present study was designed to assess: a) the effects of level of Experience on the ability of therapists/counselors to discriminate and accurately reflect incongruent communication; b) the effects of Affective Sensitivity on the ability of therapists/counselors to discriminate and accurately

reflect incongruent communication; c) the effects of Type of Incongruence on the discrimination and accuracy of reflection ratings; and d) the effects of Level of Incongruence on the discrimination and reflection ratings.

The subjects were 32 clinical/counseling psychology trainees enrolled in M.S., M.Ed., and Ph.D. programs. The subjects were divided into two groups on the basis of their level of graduate training. The "experienced" group (N = 16) was composed of 9 females and 7 males with a mean of 3.83 years of graduate training and a mean of 2.6 years of other relevant supervised experience. The mean age of the experienced group was 28.9 years. The "inexperienced" group (N=16) consisted of 10 females and 6 males, and had a mean of .98 years of graduate training and a mean of .72 years of other supervised experience.

Twelve videotaped scenes (IDA: Incongruency Discrimination Assessment) were systematically developed to reflect three levels (highly congruent, mildly incongruent, and highly incongruent) and two types (within content and within affect) of incongruence (Tyroler, 1980). Each stimulus scene is composed of the same actress discussing various aspects of her life. The scenes were carefully constructed and linquistic and paralinquistic cues were systematically manipulated such

that there is a known content and affective pull for each stimulus. Incongruent scenes either have a consistent content message but contradictory cues within the affective message, or have a consistent affective message but contradictory cues within the content message. The manipulations of the level and types of incongruence have received some verification (Tyroler, 1980).

The subjects were administered the Affective Sensitivity Scale (Kagan & Schneider, 1975) in pairs. The subjects were then shown the IDA and instructed to rate the level of incongruence exhibited in the scene and to write down the basis for thier rating (what they observed). The responses were assessed by two highly trained raters on 5-point Likert scales in terms of: accuracy of reflection of content, accuracy of reflection of affect, and accuracy of reflection of total communication.

The results indicated that Affective Sensitivity varied with level of Experience with the "experienced" trainees scoring significantly higher than the "inexperienced" trainees on the Affective Sensitivity Scale. Since Affective Sensitivity and Experience were not independent factors, Affective Sensitivity was treated as a covariate in subsequent analyses. A 2 X 2 X 3 Experience x Type x Level of Incongruence ANCOVA indicated that the "experienced" trainees differed significantly from the "inexperienced" trainees in their discriminative skills; "experienced" trainees were more sensitive to incongruencies in the Affective mode but were less sensitive than the "inexperienced"

trainees to incongruencies in the Content stimuli. Affective Sensitivity was positively correlated with ratings of mildly and highly incongruent Affective stimuli; high affectively sensitive trainees tended to rate incongruencies in the Affective mode as more incongruent than incongruencies in the Content mode. Neither level of Experience nor level of Affective Sensitivity affected the subjects' abilities to accurately reflect the content, affect, or total communication. The stimuli that varied in the Affective mode were generally rated as more incongruent than the stimuli that varied in the Content mode. Overall, the Level of Incongruence had a significant effect on the ratings and reflection scores. For a more detailed description of the results see Tyroler (1980).

The argument was made previously that the abilities to discriminate and reflect incongruent communication were important skills for therapists/counselors of all orientations, and, thus, were important issues in the training of therapists/counselors. The skill of discrimination appears important as it taps whether the individual has a global sense of the incongruencies; the reflective skills, however, provide the means by which the database behind the global rating (the evidence for the global sense) can be communicated. The results of the present study indicate that therapists/counselors with advanced levels of graduate training are significantly different in their discrimination of the IDA stimuli than less experienced trainees; however, increased level of training

does not appear to result in increased accuracy of reflections of communication. Uniformly, the scores on the reflection scales were low, which suggests that reflection of communication is not a well-developed skill among trainees. It would seem that the acquisition of reflective skills, which appear necessary in case presentations and consultations, are not being focused on directly and/or effectively in the training of therapists/counselors; however, the generalizability of this finding is certainly limited at this time. An alternative hypothesis, of course, is that the assessment measures used to determine the accuracy of reflections were not sufficiently sensitive.

It is important to bear in mind that both discriminative and reflective skills are only part of the skills a therapist/counselor needs in his/her repertoire in order to deal effectively with incongruent communication. Indeed, as others have suggested (Gladstein, 1974; Lanzetta & Kleck, 1970; Lee et al., 1980), decoding (discriminative and reflective) skills are not necessarily correlated with encoding skills (the ability to emit clear messages). The ability to convey, in a therapeutic manner, observations about incongruencies to the client appears to be a critical factor in "accurate empathy" (Truax & Carkhuff, 1967), as well as a critical skill when modification of communicative skills is the therapeutic goal. It would seem that if

the therapist/counselor could specifically delineate, in a therapeutic way, to his/her client how the client's communication is incongruent, that this feedback would be helpful in terms of guiding the client towards more effective communication patterns. The present study was limited to examining whether therapists at different levels of training could detect incongruencies and accurately state the database for their assessments. Studies that assess the effect of training on therapists'/counselors' abilities to therapeutically communicate observations of incongruencies would certainly provide valuable information. Investigations on training procedures designed to increase discriminative and reflective skills, using the IDA as a pre- and post-test measure, would also provide important contributions to the literature in terms of addressing how to effectively train these skills in therapists/counselors.

Footnotes

This article is based on a doctoral dissertation by the first author, under the direction of the second author.

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